

TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE

TOBACCO SETTLEMENT REVENUE (TSR) FUNDING REQUEST

Name of entity requesting TSR funds: **NM Department of Health** _____

Name(s) of each program for which TSR funds will be used: **Breast and Cervical Cancer (BCC) Prevention; Hepatitis and Harm Reduction (HHR); Tobacco Use Prevention and Control (TUPAC); Diabetes Prevention and Control (DPC).**

Description of each program, including its purpose: **Self-explanatory (note that harm reduction addresses substance misuse and overdose prevention)** _____

Have you requested TSR funds prior to this request? **Yes** _____

Have you received TSR funds prior to this request? **Yes** _____

If yes, in what fiscal years? **FY10-FY21** _____

What will you use the requested funds for? Please include goals and objectives. **TSROC funding to provide: mammograms to women 40-49 years of age (BCC); laboratory tests for Hepatitis C virus (HCV), linkage to HCV care services, and syringe services (HHR); media & marketing, data & evaluation, administration, prevention & second-hand smoke, and tobacco cessation services (TUPAC); 2 DPC staff positions and diabetes and chronic disease management programs(DPC). Overall goals include prevention or delay of the onset and burden of chronic disease cases and the advancement of health equity to improve health outcomes and quality of life among all New Mexicans.**

Is this a change from previous years' use? **No**

If yes, please describe the change and reason(s): _____

Amount requested (Total amount, and amount for each program): **Total - \$6,366,128; BCC-\$124,566; HHR - \$283,800; TUPAC - \$5,264,706; DPC - \$693,056** _____

What other sources of funding are applied to this purpose?:

Name, title, telephone, email and mailing address of contact person:

Aryan Showers, Director, NMDOH Office of Policy and Accountability

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